

REPUBLIC OF AFGHANISTAN

AIR TRAFFIC INCIDENT REPORT FORM

For detailed completion instructions refer to the Afghanistan AIP

Completed form is to be e-mailed/faxed to:

The Ministry of Transportation:

CFACC Safety:

Fax: 00873762523846

E-mail: CAOC-FSLiaison@auab.centaf.af.mil

Section 1 – GENERAL INFORMATION

| | | |
|--|---|---|
| TYPE OF INCIDENT | A | INCIDENT/AIRPROX/PROCEDURE/ FACILITY* |
| Name of pilot in command | B | |
| Operator | C | |
| Identification marking of aircraft | D | |
| Aircraft Type | E | |
| Radio call sign - In communication with frequency at time of incident | F | |
| Aerodrome of departure | G | |
| Aerodrome of first intended landing and destination, if different | H | |
| Type of flight plan | I | IFR / VFR NONE* |
| Position at time of incident heading or route-true speed | J | |
| Flight Level. Altitude or Height- Altimeter setting-Attitude | K | Level flight/Climbing/descending/Turning* |
| Flight weather conditions at time of incident | L | IMC/VMC above/below cloud/ Fog / Haze horizontally from cloud between cloud layers In cloud /rain/ snow/ sleet/ Fog/ Haze/ Flying onto/ out of sun Flight visibility |
| Date and time of incident in UTC Reported by radio to: | M | AFIS/TWR/ACC/FIC* At.....(date/time) |

** Delete that which is not applicable.*

Section 2 – DETAILED INFORMATION

| | | |
|--|--|---|
| Description of other aircraft if relevant (type, high/low wing, number of engines, radio call sign registration marking, color, lighting, other available details) | N | |
| Description of incident (if desired add comment or suggestion including your opinion on the probable cause of the incident. In case of near/collision, give information on respective flight paths, estimated vertical and horizontal sighting and miss distances between aircraft and avoiding action taken by either aircraft) | O | |
| Date of completion of form: Time: Place..... | Function and signature of person receiving report | Function and signature submitting report |

Section 3 - SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED

| | | |
|--|---|---|
| How report received | P | Radio/telephone/teleprinter* at ARO/AFIS/TWR/APP/ACC/FIC* |
| Details of ATS action: clearance, incident observed on Radar, warning giving result of local inquiry, etc. | Q | |
| * Tick out as appropriate | Signature of ATS officer..... Date/time UTC..... | |